

VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT  
IN BUREAU OF INDIAN AFFAIRS AND INDIAN HEALTH SERVICES ONLY

To establish eligibility for Indian Preference for employment with BIA/IHS, complete one of the categories below and submit with your OF-612, Optional Application for Federal Employment, or OF-510, Applying for a Federal Job.

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Category A MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES.

This is to certify that the person named below is a member of the tribe indicated:

_____	_____	_____
Full Name	Date of Birth	Tribal Affiliation

I certify that the above information was taken from the official membership records of the \_\_\_\_\_ Tribe and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law.

_____	OR	_____	_____
Tribal Representative	Date	BIA Representative	Date

_____	_____
Title	Title

\_\_\_\_\_

Agency Name

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Category B DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE 1, 1934.

This is to certify that the person named below has established to my satisfaction that he/she is a descendent of an enrolled member of the tribe named below and that he/she was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart:

_____	_____	_____
Name of Individual	Date of Birth	Reservation on Residence on June 1, 1934

_____	_____
Ancestor	Tribal Record of Affiliation

_____	_____
Date	BIA Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Agency Name

Category  
C

PERSON WHO POSSESS AT LEAST ONE-HALF DECREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES:  
  
This is to certify that I have reviewed the documentation to support the below listed individual’s claim to the possession of at least one-half degree Indian blood. The attached family history chart outlines the individual’s family history.  
  

Name	Date of Birth	Degree of Blood and Tribal Derivation

  
Based on:  

	BIA Representative	Date
	Title	
Name Records	Agency	

Category  
D

PERSONS OF ESKIMO OR OTHER ABORIGINAL PEOPLES OR ALASKAN DESCENT:  
This is to certify that the person names below has established to my satisfaction that he/she is qualified for Indian preference because of his/her possession of Eskimo or other aboriginal peoples= blood of Alaska. The attached family history chart outlines the individual=s family history.  
  

Name	Date of Birth	Alaska Native Group

  

Record(s) on Which Based	
BIA Representative	Date
Title	
Agency	